

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(FOR INTEL CORPORATION PATENT APPLICATIONS)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS TO MANAGE PACKET FRAGMENTATION

the specification of which



is attached hereto.

was filed on _____ as _____

United States Application Number _____

or PCT International Application Number _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

APPLICATION NUMBER	COUNTRY (OR INDICATE IF PCT)	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (ISSUED, PENDING, ABANDONED)

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send correspondence to:

John F. Kacvinsky, Reg. No. 40,040, BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, LLP

(Name of Attorney or Agent)

12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025 and direct telephone calls to:

John F. Kacvinsky, (503) 684-6200.

(Name of Attorney or Agent)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor (given name, family name)

Jacob Christensen

Inventor's Signature

Date

Residence Virum, Denmark

Citizenship Danish

(City, State)

(Country)

Mailing Address Solsikkemarken 15

Virum, DK-2830 Denmark

Full Name of Second/Joint Inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Third/Joint Inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Fourth/Joint Inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Fifth/Joint Inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Sixth/Joint Inventor (given name, family name)

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Seventh/Joint Inventor (given name, family name)

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Eighth/Joint Inventor (given name, family name)

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Ninth/Joint Inventor (given name, family name)

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address _____

Full Name of Tenth/Joint Inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

P. O. Address

Full Name of Eleventh/Joint Inventor (given name, family name)

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Mailing Address